THE STAR

RADIATING THE LIGHT OF TRUTH ON HANSEN'S DISEASE

October 1949

Carville, - - Louisiana

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He is the happiest, be he king or peasant, who finds peace in his home. —Goethe

Major and Mrs. Hornbostel and their two Scotties, Suki and Sandy, about to enter their new home, recently purchased in Bellmore, Long Island, New York.

(See page 3)

Radiating the Light of Truth on Hansen's Disease

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The views expressed in THE STAR are those of the patients of the U. S. Marine Hospital, Carville, Louisiana, and not those of the Medical Staff except in the case of direct quotation.

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KALTENBORN LEARNS

Mr. H.V. Kaltenborn (right), distinguished radio news analyst, in his broadcast of September 16 (NBC), spoke of his recent trip to Africa during which he visited the leprosarium near Kano, Nigeria. There, he said, "I LEARNED HOW MUCH WE KNOW ABOUT LEPROSY THAT IS NOT SO." Referring to popular misconceptions about the disease, particularly its communicability, Mr. Kaltenborn said, "Millions of African natives lives with leprosy victims and never acquire the disease."

Mr. and Mrs. Kaltenborn were guests of Dr. Helser and Dr. Hirsch at the Sudan Interior Mission, an inter-denominational American enterprise, with a total personnel of 700, of whom 400 are Americans. Mr. Kaltenborn said, "My wife and I had a taste of the life led by missionaries in the heart of Africa."

Facts That You Should Know About Hansen's Disease

"In order that leprosy may be dealt with successfully on a comprehensive scale and before any large proportion of early cases will come voluntarily for examination, there must be a change in the attitude of the public toward the disease. Any scheme for the control of leprosy will depend for its success on an educated public opinion."

Recommendation of World Conference on Leprosy, Cairo Egypt, March 1938.

The medical world classes Hansen's disease as "feebly communicable," but susceptibility is much greater in infants and young children, and decreases with age. It is also probable that in most cases the susceptibility is familial. In the United States, endemic foci are limited to Louisiana, Texas and Florida. Outside of these states, Hansen's disease is so rarely communicated to contacts that from the public health standpoint it might be considered as practically a non-communicable disease. The hospital at Carville was founded fifty-four years ago. To date not a single member of the medical or nursing staff has contracted the disease.

Doctors and nurses take very simple precautions, not comparable with those they would take in dealing with diphtheria, typhoid and other communicable diseases.

Visitors are admitted freely, nor are they required to take any special precautions. Children under 10 are not admitted.

Patients are permitted to visit their homes semi-annually for periods of a month.

FACTS, based on actual experience over a long period of years (the most valid scientific yardstick), furnish indubitable proof of the remoteness of the communicability of Hansen's disease.

Since Hansen's isolation of the bacillus, hundreds of attempts have been made to grow it in artificial media but to date none of these have successfully met the requirements for proof, and all attempted inoculations of animals have been unsuccessful to the same extent. No scientist in more than 145 recorded cases has been able to infect himself or other human volunteers by attempted inoculation of the germ.

* * * *

THE TRANSMISSION OF THE DISEASE IS THE BIG PROBLEM in Hansen's. Once that is determined, the 6,000 year old practice of imprisoning a person for life because he happens to be sick will be done away with.

This paper, and all outgoing mail, is sterilized before leaving the hospital. This is done only as a gesture of respect to the unconvinced and not because there is any scientific necessity for it.

THE STAR in its entirety is hand-set by patients. This activity is open to all interested patients.

Prints of pictures appearing in THE STAR may be purchased from J. P. Harris, Carville, Louisiana.

Subscribers, kindly notify us of change of address. THE STAR cannot be forwarded.

Mail Bag

We, the undersigned, who have all been under the charge of Dr. Gordon Ryrie, write to say that we have read your publication of Mr. Hall's letter in THE STAR issue of June, 1949, and are surprised and indignant at your having published the letter in question.

We realize that THE STAR is doing its utmost to combat the alarmist attitude in regard to Hansen's disease and it has our full support in its endeavors but we can find no excuse for THE STAR having permitted Mr. Hall to make use of it, as he has done, to ventilate whatever private grievances he may have against Dr. Ryrie.

It does not need a second glance at Mr. Hall's letter to see that his main object was not in the least concerned with "alarmist publications" and their effects but was mainly directed at some personal grudge against Dr. Ryrie and we are surprised that THE STAR did not see through this.

Had THE STAR got in touch with any of the patients here through our Council we feel sure that Mr. Hall's letter would never have been published, for we can assure you that this Settlement has had no greater sympathizer with the patients than Dr. Ryrie and that his name will go down in the history of Sugei Buloh Settlement as one of the most able and popular administrators.

We, who have all been under Dr. Ryrie's charge, can testify that Dr. Ryrie endeared himself to all by his courtesy, his consideration, the interest he took in each individual patient and above all by his fearlessness when personally treating advanced cases.

The faith the patients had in Dr. Ryrie was a tribute of which any person might be proud and a fitting response to this tribute was paid by Dr. Ryrie when, instead of evacuating during the Japanese advance, he elected to stay on and look after those who placed so much faith in him. Need we say more?

The publication of Mr. Hall's letter has given us this opportunity to express publicly the Settlement's appreciation of Dr. Ryrie, and for that we have to thank Mr. Hall.

Sungei Buloh Settlement
Malaya, August 24, 1949

In the interest of fair play, THE STAR is pleased to publish the above letter which carried the signature of 18 patients. We understand that Peter Hall was the only pure European patient under Dr. Ryrie at Sungei Buloh where Hall was "forcibly segregated." It may be that Mr. Hall's European viewpoint accounts for the difference in opinion.

Ed.

★

I have just finished reading with interest, the September number of THE STAR. As usual it has some excellent articles and I feel that all of you who had a part in it should be congratulated.

It certainly is fine that Mrs. Hornbostel was discharged even before all the routine tests were negative for a year and is definitely a step in advance.

On the inside cover page, may I suggest one addition to the line now reading, "The views expressed in THE STAR are those of the patients of the U. S. Marine Hospital, Carville, La., and not those of the Medical Staff except in the case of direct quotation." I think it would be better if the word "necessarily" were inserted after the word "not," because this now insinuates that the views expressed by the patients are *not* felt by those of the medical staff, which of course, is not always the case.

Hartman A. Lichtwardt, M. D.
Medical Director
WOMAN'S HOSPITAL

Detroit, Mich.

Up to our September issue, the word "necessarily" did appear in the line to which Dr. Lichtwardt refers. It has been omitted at the request of our Medical Officer in Charge. The insinuation which the omission of the word "necessarily" suggests is indeed unfortunate, as there is no reason at all why the public should even infer that there is a conflict between the Medical Staff and THE STAR. In a controversial subject, such as Hansen's disease, particularly its management in this period of transition, some differences of opinion are bound to exist between doctor and patient, but as Dr. Lichtwardt says, "this is not always the case," and we believe that we are both working for the same objective although our approach may sometimes be from another angle. It is only by open discussions that progress is being made. THE STAR has a rugged row to hoe but as one understanding friend observed, "The opposition that you encounter is in itself an indication that the work THE STAR is doing is worthwhile and constructive."

Ed.

☆

Hurrah!! Another pioneering stunt for the gallant Hornbostels —both of them. Returning to ordinary life, yet taking treatments! Congratulations to everybody, especially to THE STAR which has waged, and still wages, its courageous battle for Hansen folks.

Churches, missionary societies, etc.—especially etc.—can hit the bull's eye by raising funds to buy sulfone drugs for the treatment of patients. Cost soon saved in dressings alone, improved health, and eventual cures. Carville records as evidence. Medical missionaries and their families are necessities and the sulfones are their most potent weapon to combat one serious tropical ailment which heretofore has defied cures.

Mary Frances Mears

Chicago, Ill.

Miss Mears and all others interested will rejoice in a recent announcement made by Raymond P. Currier, executive secretary of American Leprosy Mission, which is doing a magnificent job in supplying the new drugs to patients in foreign countries. Mr. Currier said, "A total of $521,404 will be distributed among 125 mission stations in 29 countries this year. About $130,000 will be expended for additional hospital wings, churches, chapels, homes, repairs and other purposes. Another $60,000 is earmarked for sulfa drugs and other medicines used to arrest leprosy."

Ed.

★

If it were not for the very big problem that is faced by those who solicit aid for the missions, we would be only too happy to eliminate altogether both the word "leper" and "leprosy" too. We feel as you do, that it does not help the problem of re-educating the public. In our own dealings with our patients, they are always referred to as just that, "patients." I abhor and never use such dramatic appeals as one sometimes sees, playing on the superstitious horror of the generally misinformed public.

In my own mission paper, and in similar appeals, however, it would be hard to enlist the aid of the average mission-minded friend in the plight of those suffering from "Hansen's disease." In this country, it is true, the word "leper" is odious to Hansenotics, and this is more than understandable. Still, they are for the most part well subsidized financially, but what about the millions in mission countries who must look to the generosity of our public, not only for the medicines and proper social conditions, but for their very existence.

I have made it a point in every talk I have ever given on the subject to give a sane, true picture of the disease, dwelling particularly on what constitutes the keener sufferings of our patients, such as often unnecessary segregation, etc. Though recreational activities, however carefully planned, cannot take the place of one's unrestricted liberty, they are great helps in making life in our colonies more bearable and it is projects such as these, as well as the need for medicines, clothes, supplies and the like which make it necessary for us to appeal to our friends for help. What must it not be for other organizations who are endeavoring to aid the millions of uncared for in lands such as Africa, India and China?

So we have our problems, too, and I mention them only to explain our inability to scrap both terms immediately. We are one with you in your attempt to re-educate the public and you can count on me to do all I possibly can to second you in your efforts. Limited as I am in the field of printed propaganda, I can throw my full support, at least, in the way of lectures to tear down false ideas, superstition, morbidity and unreasoning dread of the disease. This I have been doing for four years now, covering schools, colleges, clubs and all kinds of social gatherings.

Our Sister Mary Suzanne is no longer in the Pasteur Institute, being now in charge of the Research Laboratory at Lyons, France, in connection with the pontifically sponsored hospital for missionaries returning from foreign lands with the disease. I doubt if any of these contracted their disease in a leprosarium. None of our workers have ever contracted it nor do we consider it at all likely.

Sister Mary Augustine, Editor
Marist Mission News

Bedford, Mass.

Sister Mary Augustine is associated with the Society for Aid For Leprosy Patients. This title was adopted at the suggestion of THE STAR and at some expense to the Society, in place of one which carried the odious word. It is a decided improvement and we appreciate the understanding and cooperation of Sister Mary Augustine and Howard Crouch, founder of the Society. An excellent article by Mr. Crouch appears on page 4.

Ed.

ANOTHER CHAPTER IN THE HORNBOSTEL STORY

The nation, and by this time probably most of the world, has heard about Gertrude Hornbostel's medical discharge from this hospital. She and her husband, Major Hans Hornbostel who "stood by" during the three years she was a patient here, have gone to New York to "live." There Mrs. Hornbostel will be treated for Hansen's disease by an eminent dermatologist.

A Carville patient whose Hansen's disease is not yet completely arrested may, on his request, receive a medical discharge if a private physician agrees to continue his treatment, provided the patient's physical condition and economic and family circumstances permit, and if the State Health Office in the State in which the patient will live concurs. In Mrs. Hornbostel's case, Dr. F. A. Johansen, M. O. C., said, "Mrs. Hornbostel has improved to the extent that the danger of anyone contracting the disease from her through casual contact is practically nil, and she should continue to improve, with proper treatment, in her own home."

Both New York State and New York City (which has its own sanitary code) accepted Mrs. Hornbostel as a resident. Said Dr. Robert F. Korns, Albany, N.Y., Director, Bureau Communicable Disease Control, "We have no restrictions in our Public Health Law referring to Hansen's disease. We have no objection to Mrs. Hornbostel's return to New York State." Dr. Morris Greenberg, Director, Bureau of Preventable Disease, City of New York, said, "If Dr. Johansen agrees to Mrs. Hornbostel's return, she will find no difficulty put in her way in this city."

Smiling through tears, Mrs. Hornbostel said, "I am so excited and thrilled that I haven't been able to sleep. I hate to leave so many nice people, but it means that Hans and I can live a natural life together. We're going to a State where there is no segregation law against people who have Hansen's disease. We can live in our own home—and I know both of us will be much happier. I'll be glad to live in a climate that will be stimulating rather than debilitating as the Carville climate, which breeds this disease, unfortunately is.

"The doctors here tell us I've improved—and I know it's true—but I feel I'll get along better outside. Psychologically, segregation has had a bad effect on me and on my husband. Our imprisonment in Japanese prison camps may have made us feel that way."

No sooner did the Hornbostel's departure from Carville break in the New Orleans TIMES-PICAYUNE (Sunday, Sept. 18) than AP, UP and INS flashed the news all over the country. Radio commentators seized on it—the publicity was on. On the whole it was very favorable publicity, no doubt influenced by the dignified and accurate opening story in the TIMES-PICAYUNE by Ken Gormin, the T-P's ace newsman. Days before the station wagon, owned by our American Legion Post, in which the Hornbostels traveled, reached New York, the papers were full of their coming. One enterprising reporter got the idea that Major and Mrs. Hornbostel planned to live with her brother in his home at Malverne, L. I. He interviewed the residents in the block to determine their reaction to having Mrs. Hornbostel as a neighbor. While the Hornbostels had no such plan, the reporter found the couple would be welcomed.

On their arrival in New York the Hornbostels put up at a small North Shore hotel. There they were beseiged by fans, friends and a never ending stream of reporters until the Major exploded, "What's wrong with you newspaper guys? You are making my wife, Gertrude, and me out to be heroes. What the hell did we do that's so great?" The Major told the newsmen that they should be playing up the needless suffering and unwarranted stigma which society attaches to people with the disease. He insisted, "Get the states of the Union to treat the disease as the not-dangerous thing it is, like New York and Massachusetts treat it. But most important of all, get the public to change its cockeyed ideas about the disease by letting loose an all-out informational campaign."

The campaign got going. Many of the country's leading newspapers, such as the New York TIMES and St. Louis POST-DISPATCH, ran cogent editorials. Columnist Robert Ruark commented, "Mrs. Hornbostel was the necessary symbol to break the back of an old misconception." Only one segment of the press seems not yet to be adult in its handling of news about Hansen's disease. Its dispatches carried such wild statements as "braved three years in a leper's colony," "risked exposure daily to visit her," etc. It reminded us of some of the statements this same news service printed when Mrs. Hornbostel came to Carville three years ago. They quoted a San Francisco doctor as saying, "Mrs. Hornbostel's chances for recovery are those of a snowball in hell." Another medical opinion quoted then was, "There is 100 per cent chance of infec-

(Continued on page 14)

TO SOME IS GIVEN

By

Ex-Sgt. Howard E. Crouch, B. S., R. N.

Founder and Eastern Director of the SOCIETY FOR AID TO LEPROSY PATIENTS
348 Comstock, New Brunswick, N. J.

"To some is given a Cross to bear — to others the duty this Cross to share."

Howard Crouch and Rev. Clarence A. Heavey, pastor of St. Augustines, Union City, N. J. Mr. Crouch says, "Rev. Heavey is a great benefactor of ours," and accompanied him on his annual trip to the Jamaica Leprosarium, where this picture was taken.

I first became acquainted with leprosy during my course of studies at the Alexian Brothers Hospital in St. Louis. The discussion of the disease was very brief and most of us in the class doubted that we should ever come across a case of leprosy. However, a few short years leter I was to become engrossed in this work and plunged into a gigantic task of trying to bring aid to the countless sufferers of the disease throughout the Catholic mission world regardless of race or creed.

How did it all begin? Let me tell you briefly. In August of 1941, along with thousands of other young men, I found myself the recipient of the famed White House invitation to "join" the U.S. Army. It was one invitation that did not require an R.S.V.P. Soon after my induction and basic training I was sailing on my way to the tropical island of Jamaica, British West Indies. A bright jewel nestling in the blue and green waters of the Caribbean, Jamaica was a jewel with many facets —luxuriant tropical flowers, sparkling clear waters, heady, strange, relaxing atmosphere, and abundant sunshine—but also the shadow of extreme poverty, poor sanitation and disease. Our army base was located several miles from Spanish Town, a town redolent of Spanish gardens, ancient romance. piracy and colonial intrigue. Its beauty has long since faded into the dusty and battered town of today. Our chaplain at the base asked me one Sunday afternoon if I would like to visit the leprosarium located on the outskirts, and being naturally curious and certainly ignorant. having only the vague, distorted legends of Biblical leprosy in mind, I agreed to go along.

We were met at the door by the smilng Mother Superior of the Marist Missionary Sisters who staffed the leprosarium and I lost all misgivings in the charm and humor of the nuns, ten in number, who together care for almost two hundred patients. Many of their charges not only have leprosy, but also tuberculosis, syphilis, cancer, malaria and all the diseases that man is heir to, and to all these American Sisters provide skillful and sympathetic treatment. I expected to find downcast, dejected, demoralized people. I found smiling, eager faces, beaming in the thought that someone cared. A general air of peace and order pervaded the whole compound. There would not be enough space to describe all my impressions of the next three years which found me a constant visitor at the leprosarium. One sure thing—I became engrossed in the wonderful workof these Sisters who spend from sunrise to sunset and long after with injections, bandaging, laboratory work, dentistry, farming, sewing, teaching and administrative work, putting on recreational projects, occupational therapy, cleaning, and cooking *ad infinitum* for two hundred patients!

The soldiers, the sailors, and the marines, too, took the patients to their hearts and it became a privilege to bring our orchestra and entertainment down to the Leprosarium to provide parties and a touch of holiday cheer. Servicemen and women of all faiths joined in this great work and I am proud to say that even today, although the number of troops stationed at Jamaica has been greatly curtailed, the Patients' Christmas Party is still a regular feature for the men at the base.

The day came when I was transferred to the European theatre of war and I had to take a most

(Continued on page 13, column 2)

THE STAR GAZER

People and Events Highlighting the Carville Scene Recently

BABY, ITS COLD INSIDE— This Hassman Condensing Unit, needed for a long time was recently installed in our cafeteria. Sister Mary Teresa, chief dietitian, hands a tray of crisp, chilled salads to Molly, one of the employees. Dietitians, chefs and all other employees in this department are not patients.

THEY MERIT STERLING—When Major and Mrs. Hornbostel opened the box they found a sterling silver fruit basket, an au revoir gift from THE STAR to the Hornbostels, for their sterling service to this community and for their sterling contribution in promoting a brand new and realistic public attitude towards patients with Hansen's disease. The President of the Patients' Federatiom, Commander of the American Legion Post, Chef de Gare of the 40 & 8 and heads of other local organizations attended the presentation.

BESTA FIESTA— New Orleans' famed International House was represented by its President, Lloyd Cobb and several members of its staff at the annual Mexican Independence Day fete, staged by the Mexican Club here on September 16. Guest speaker Cobb, shown at the mike, struck a note of international friendship and cooperation. The gay Fiesta, filled with music, singing and dancing, lived up to its billing of the besta fiesta ever given in Carville.

EXIT SOFTBALL— Our all-star, all-patient softball team, sponsored by the local American Legion Post, wound up its '49 season with a percentage of .500, winning a dozen games and dropping an even number. The figures are not impressive but, considering the strength of the opposing teams, the best in the Baton Rouge City Leagues, the season may be regarded as succesful. All games were played on the home lot, "Carville Stadium" under the lights.

A.F.P.H. ATTORNEY CARVILLE GUEST FOR A DAY

We didn't tell Harry Wender a funny story. He's just enjoying his visit to this hospital.

When Harry S. Wender, Washington, D. C., General Counsel of the American Federation of the Physically Handicapped, testified for the National Leprosy Act (H. R. 4030) before a House sub-committee last June, he said, "I have been so inspired today that when I speak at the National Recreation Congress in New Orleans in September, I want to go to Carville and see for myself." Mr. Wender, who is chairman of the District of Columbia Recreation Board, did come to Carville on September 12 and spend the day with us.

Carville put on its Sunday-go-to-meeting clothes for Harry Wender. Dr. Johansen himself took him on a tour of the entire place. He visited THE STAR office and plant and met our staff. He called on many patients and talked things over. As keen an observer as Mr. Wender seems to be, he must have carried away a very complete picture.

In the afternoon Mr. Wender drew a large crowd of patients when he spoke in the theatre. Naturally, of foremost interest was, "What will he say about our Bill?" The Washington attorney cautioned, "Don't be impatient. If Congress is a little slow, do not feel that they are unfair. Changes always come slowly." Mr. Wender said, "Your greatest trouble is the lack of understanding on the part of the general public. We have got to hit the world with the facts about Hansen's disease and destroy the old ideas about leprosy." He reminded us that not so long ago inmates of mental hospitals were regarded as criminals. "That is not the case today," he said. "You, too, can recover and resume life as useful citizens."

Mr. Wender read a challenging letter from Paul Strachan, President of the American Federation of the Physically Handicapped, and gave a resume of some of the activities of this organization, which has a lodge here. A.F.P.H. sponsors the National Leprosy Act and other proposed legislation, such as a bill to establish a Federal Commission on Services for the Physically Handicapped.

Speaking of his own personal experiences Mr. Wender said, "A few years ago it looked as though I was going to lose my voice completely. After visiting a dozen doctors, a great throat specialist operated on me and I got better. Before I went into the operating room I had a little confab with my own conscience and I agreed that if I got through it and was able to talk, for the rest of my life I would devote as much time as I possibly could to helping other people who did not have the good fortune I had."

Harry Wender has richly fulfilled his solemn promise. He gives his services wholly gratis to the A.F.P.H. He has been awarded the Washington Evening Star Trophy for his "outstanding public service to the District of Columbia."

Recently, Argo Lodge, B'nai B'rith, named Harry Wender "Man of the Year" and a large celebration was held in his honor. "I thought that was the biggest day in my life, but today is an even bigger day for me," he declared concluding his stimulating address at Carville. It was a big day for Carville patients, too, for it was a great privilege to meet this energetic champion of the handicapped. We are thankful Harry Wender's voice was saved and we are grateful that he is now raising it in behalf of patients with Hansen's disease.

That week's excursion to Chicago in September, where she was wined, dined, interviewed and photographed, must have been just what the doctor ordered for Mrs. L. L. McCormick of Destrehan. Mrs. McCormick, THE STAR's liaison representative, Carville Hospital Chairman for the American Legion Auxiliary and for many years our unofficial social service worker without portfolio, told us of the wonderful time she had in the Windy City.

Mrs. McCormick was the house guest of Mrs. Edith Holmes, who first interested the girls of the Edgewater-Sunnyside exchanges, Illinois Bell Telephone Co., in Carville. "I visited the telephone exchanges and thanked the girls," Steve reported.

While in Chicago, Mrs. McCormick was also entertained by Miss Mae Fitzgerald and some of the other girls from the Campbell Soup Co. They have joined forces with the "hello girls" to make Christmas in Carville a festive event.

DOCTORS' VIEWPOINTS DIFFER

Criticisms of Attempts to Use Hansen's Disease for Leprosy

The leprosy control program in Hawaii, which has been striding forward so repidly during the past fifteen years under the guidance of the Board of Hospitals and Settlement and their capable physician, has been set back somewhat by a hasty and ill-advised piece of legislation passed by the Twenty-Fifth Legislature revising our laws relating to leprosy by substituting the phrases "Hansen's Disease," "Hansen's Disease sufferer," and so on for leprosy and leprous patients. Happily, the change need not go beyond the phraseology of the law itself; but the implication that leprosy is so dreadful that its name should not even be printed is an unfortunate one and could be harmful.

Progress in creating a sane public attitude toward tuberculosis was made by educating the public to accept it under its own proper name as just another contagious disease. It is doubtful whether the same progress could have been made had we insisted on calling it "Koch's Disease" or the like. And calling leprosy "Hansen's Disease" will merely puzzle those who don't know what it means, without bringing any particular comfort to those who do. "A rose, by any other name, would smell as sweet."

Harry L. Arnold, Jr., M.D.
The Clinic, Honolulu, T.H.

(Excerpt from Hawaii Medical Journal, May-June, 1949)

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It has been my privilege in the past few days to learn, from an editorial note entitled: "'Hansen's Disease' Taking the Place of 'Leprosy,'" clipped from your May 3 issue, and from a copy of House Bill No. 622 of the territorial legislature, something of the "new look" which Hawaii is acquiring with respect to that disease.

In the editorial referred to there are, if I may be permitted to say so, certain outstanding *non sequiturs*. One is the statement that what we know as leprosy is "not the sort of leprosy referred to in the Bible," which tempts one to fall in with a sometimes impudent younger generation and retort: "So what?" Another is the implication which is unavoidably to be read into the statement that Massachusetts has recently followed the example of New York by abolishing the law requiring segregation of persons with leprosy: namely, that that measure should also be abolished in Hawaii.

The Bible is of course a relatively recent product. In writings of which it was made up nothing resembling the term "leprosy" occurred at all, but "za'arath," signifying chronic skin affections generally. The Greek word "lepra" used later in translation, signifies "scaling"—which ordinarily, leprosy lesions do not do. Hence, some say, the term "leprosy" is not "scientific." Possibly someone, some day, will try to change the name "malaria" because it, too, is unscientific, bad air being not the causative factor; but that disease does not give much scope for sentimental emotionalism.

What is a "scientific" name of a disease, if not that which medical scientists customarily use?

The Fifth International Leprosy Congress held in Havana last year, after resolving that use of the word "leper" should be "abandoned," also resolved that "the use of the name 'leprosy' should be retained as the scientific (sic) designation for the disease."

WHY USE HANSEN'S NAME?

But if a person's name should be used, why Hansen's? He first observed the bacillus, and was —or became—a grand old man. But "modern" leprology began just a century ago with the publication of the epoch marking treatise of Danielssen, Hansen's predecessor, and his dermatologist colleague, Boeck; and they were real pioneers and also grand old men, so why not "Danielseen and Boeck's disease?"

Can anyone seriously believe that, once the public really understands what "Hansen's disease" means, that term will convey a less unpleasant impression, a less odious stigma, than the proper one?

As for the linguistic atrocity, "Hansen's disease sufferer," which, it appears has actually been written into the laws of Hawaii, words simply fail.

TOO MANY SENTIMENTALISTS

With regard to the argument against segregation cited, sentimentalists are less noted for the exhibition of logic than of emotionalism, and the fanatics which develop among them are of course impervious to logic.

Leprosy workers in endemic regions recognize that there are two main forms of the disease, one relatively highly infectious and the other relatively non-infectious, and almost everywhere modern leprosy control regulations take that fact into account.

AS TO SEGREGATION

Modern leprologists also recognize that, where

the presence of cases of even the infectious form does not give rise to new infections, as is true of most parts of the north temperate zone from Berlin to Chicago and Minnesota, segregation in such places is unnecessary and would therefore be inhumane and wrong.

But it is no less wrong to advance that fact as an argument for abolishing segregation where the disease is endemic— i.e., where it is established and maintained by the development of locally infected cases, as in the gulf coast states, the Philippines and Hawaii in between.

Those who, because they are ill informed, or are inherently illogical, or for whatever other reason, engage in emotional and biased propaganda in demanding the abolition of segregation where that measure is needed, assume a serious responsibility for which there is no way of making them accountable.

But the medical profession should not permit its natural conservative reticence to prevent the the presentation to the public of the unbiased fact.

H. W. Wade, M.D.

Editor, International Journal of Leprosy
Culion Leper Colony, Palawan, Philippines

(Dr. Wade's letter appeared in "Letters to the Editor"-- Honolulu Star-Bulletin, June 15, 1949)

THIS HARD-BOILED WORLD NEEDS SENTIMENT

A Plea for Impervious Fanatacism

By

Hartman A. Lichtwardt, M.D.
Medical Director, Woman's Hospital, Detroit, Mich.

In a letter to the editor of the Honolulu Star-Bulletin, a highly esteemed and most capable and experienced colleague condemns and ridicules efforts that are being made to change the name "Leprosy" to "Hansen's disease" or "Hansenosis" and to eradicate the obnoxious epithet "leper"; he states that "sentimentalists are less noted for the exhibition of logic than emotionalism, and the fanatics which develop among them are, of course, impervious to logic." He is right, absolutely right, but yet what a drab colorful world this would be if it were peopled entirely by cool, perfect logicians, whose emotions are measured by the slide-rule, and whose actions and reactions are never affected by such abstract terms as love, devotion, patience, forgiveness and tolerance?

Fanatics are strange folk, "screwballs" we call them sometimes, absolutely illogical and yet doing the impossible. They are responsible for more progress in the world, for better living conditions, for increased friendliness and brotherhood than all the morbid mathematicians, stern scientists and orderly logicians who advance proven data to try to convince the visionary agitator that it can't be done! If I could run an advertisement in all the papers of this country, especially to those reaching eager, undecided, emotionally-unstable enthusiastic youth, I would write:—

"WANTED-MORE FANATICS"

Great opportunities open for impetuous young people who believe that world problems CAN be solved; who think that the rights of the minority should be considered, and who are positive that changes are necessary. Conservative, self-satisfied, dependable perfectionists need not apply. Illogical, unbalanced, optimistic enthusiasts will be especially welcome.

Alexander Bell was ridiculed when he stated that voices would be able to travel many miles over a thin wire; Marconi was laughed at when he said he could transmit voices without using the wire; Henry Ford was considered by his fellow-townsmen to be very much of a visionary when he predicted and built a "horseless carriage" at a price which could be paid by the ordinary working-man. MacDowell was threatened with death when he dared to remove an ovarian cyst from a Kentucky woman a century ago, and fanatical doctors who insisted on keeping their "consumptives" out in the open air were threatened with expulsion from medical societies.

It may be illogical to insist that Hansen's disease or Hansenosis is a less prejudicial name than leprosy, and that a "Hansenotic" will not be as repulsive as a "leper": but *it is true*, and the public will gradually learn that Hansen's disease is one of the *least contagious diseases* known to medical science today and that the individual suffering from it, is not nearly as "unclean" as the spitting tuberculosis patient, the dribbling gonorrhea patient, the sniffling man with a common cold, or the unfortunate person whose eyes burn with trachoma.

Logically it may be more correct to speak of

"Danielssen and Boeck's disease" but that is more difficult to remember than "Hansenosis." "Hansenosis" is just as proper as "Brucellosis" and is something like the disease it is related to, "tuberculosis." The opinion of the patient, although not necessarily conclusive, should be considered and if they feel that they would prefer to be called "Hansenotics," or patients with "Hansenosis," and that these terms are "less odious," we should give them a break.

I agree that we should be honestly scientific in handling cases of this disease and endemic areas should use special care to avoid spread of the disease. I do not consider it "inherently illogical" nor "biased propanda" to insist that Hansenotics, wherever they are, be treated according to their type of disease and its communicabilty, rather than by ancient traditions based on unscientific superstitions. If this be "ill-informed fanatism," make the most of it!

*

June 30, 1949

I was much amazed to see in the Star-Bulletin a letter from Dr. H. W. Wade which implies that those who wish to use the term "Hansen's disease" in place of the word "leprosy" are either sentimentalists or fanatics.

Dr. Wade makes it clear that he is familiar with the Hebrew of the Old Testament and the Greek of the New Testament, and that he is perfectly aware that what is called "leprosy" today is not the leprosy of the Bible. But his feeling that the movement for a change of nomenclature arises from a group of sentimentalists shows that he has "missed the boat" completely regarding the practical problems that we face in this country.

Why do doctors who are working in the various hospitals and clinics in the United States so carefully avoid the term "leprosy"? For sentimental reasons? Not at all. They do this simply because of the Biblical associations of the word. Patients would leave any hospital in panic if it were even rumored that someone there was suspected of having "leprosy."

Why do patients who have been diagnosed as having "leprosy" commonly go into hiding in distant parts of the country and under assumed names? Is this for sentimental reasons? No! These patients realize they must conceal their condition —otherwise, their whole family will be ostracized by people who confuse the modern disease with the leprosy of the Bible.

Why do patients who are under treatment at Carville so intensely desire a change in nomenclature? Not for sentimental reasons but for the very practical reason that at present many are unable to get a job after they have been discharged as cured. The terror that the word "leprosy" excites in every prospective employer is responsible for this handicap.

It should be evident that urgent practical reasons are back of the demand for the change in nomenclature.

As far as compulsory segregation is concerned, it has proved a total failure in eliminating the disease. In the United States, however, we have a closely related disease, tuberculosis, which is steadily progressing toward extinction—not because of any compulsory segregation of tuberculous patients, but because we have made treatment easily accessible to every patient whether rich or poor.

It is reasonable to expect that the same thing will happen to Hansen's disease if we attack it by providing easily accessible treatment instead of involuntary confinement.

Frederick C. Lendrum, M. D., Ph. D
Associate Professor of Medicine
University of Illinois

(Dr. Lendrum's letter was submitted for publication to the editor of the Honolulu Star-Bulletin.)

*

NOTE:- Because we have consistently campaigned for a change of name, THE STAR has been alternately credited and blamed, depending upon which school of thought one subscribes to, for our Territory of Hawaii officially adopting the term Hansen's disease in place of the historical misnomer leprosy. We do not rate all of the credit, nor all of the blame, but there is no doubt that THE STAR's Campaign was, to borrow a pet medical phrase, a "contributing factor." So we have a very special interest in the medical criticism leveled at Hawaii's legislation. Dr. Arnold seems to have conveniently forgotten that the progress "in creating a sane public attitude toward tuberculosis" was not made as long as the stigmatic term "consumption" of a generation ago, was applied to the illness. Dr. Wade contends that leprosy is the "scientific name" because medical scientists "customarily use it." Custom may lead a man into many errors, but it justifies none, even some antiquated concepts which "traditional medicine" seems averse to discard. Dr. Wade makes a point of the Fifth International Congress resolution to abandon the word "leper" and retain the word "leprosy." He presided at the Congress, yet his own station is still known as Culion Leper Colony. Obviously there has been no move on his part to "abandon" the word but again to follow the tyranny of "custom." —Ed.

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HANSEN'S DISEASE

New York has two visitors, both originally from the Philippines, who are devoted to a great cause, the getting of a better understanding of Hansen's disease, or leprosy, and the changing of the public attitude toward those who have contracted it. Major Hornbostel and his wife, the latter recently released from the government hospital at Carville, La., have come to the metropolitan area to live. Irving Hart, known as "Daddy" to hundreds of boys and girls in leprosy hospitals in the Philippines over the past thirty years or more, is here on a brief visit. He has literally given his life to the cause of the morale of hospitalized children.

There are persons who have a sound, first-hand knowledge of the disease and a sane attitude toward it. They know that it is not one-thousandth part as communicable as most persons believe. They know that it is curable. Yet the words "leper" and "leprosy" have an altogether unreasonably terrifying meaning for persons who have not had experience with the disease. We have even permitted the use of the word "leper" to come into idiomatic speech with a non-medical meaning such as in the phrase "moral leper." Yet we would be considerably taken aback to hear someone described as a "moral consumptive." We have cleansed our minds about tuberculosis. It is time that we did so about leprosy.

Major Hornbostel suggests that the term be dropped altogether and the correct medical designation, which carries no popular stigma, be brought into general use. Almost twenty years ago the International Association of Leprologists adopted, unanimously, a resolution calling upon the profession and the public to drop the word "leper" altogether and refer to patients as patients, nothing more. Undoubtedly such a change in designation would be a great help, but what is needed is more than that. It is a change of attitude, and that can be brought about only by wider dissemination of the truth. We are grateful to Major Hornbostel and to "Daddy" Hart for their help in that dissemination.

The New York Times
Tuesday, September 27, 1949

HAWAII ADOPTS CONTROL PROGRAM

The famed Kalaupapa Settlement on the island of Molokai, established 84 years ago by the Territory of Hawaii for its Hansen's disease patients, will not be closed but no more new patients will be sent there, according to the new policy of the Territorial Board of Health, reaffirmed at its meeting on July 28, 1949.

The Board decided also that the ultimate program should be to work toward the admission of newly diagnosed cases to existing local contagious disease hospitals or contagious units of hospitals on the same island in which each patient resides.

On July 14, 1949, the Territorial Board of Health, Division of Hospitals and Settlement, adopted the following program for control of Hansen's disease.

1. Regulations regarding isolation, quarantine, temporary release and cure.
2. Standard operative procedures.
3. Table of organization for all personnel of Division of Hospitals and Settlement, showing direct lines of command.
4. Improved case-finding program, with increased education and use of practicing physicians, government physicians and public health nurses.
5. Adequate follow up of patients on temporary release.
6. Rehabilitation program aimed at useful and remunerative employment of patients on temporary release or cured status, including vocational training, employer education and job placement as well as mental hygiene for patients involved.
7. Major program of public education as to nature, spread and control methods of Hansen's disease.
8. Keep abreast of latest developments for the treatment of the disease, utilizing all proved methods of improved treatments.
9. Development of the best possible program to promote the welfare of the children and other members of the families of patients as well as of patients themselves.
10. Research to as great a degree as funds and personnel permit, especially as to the epidemiological aspects of the disease in the Territory.

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AN ANCIENT SPOOK IN A MODERN WORLD

It was the usual run of small talk that goes on at most dinner parties until the hostess, turning to one of her guests, said, "Lorraine, I hear that you have been down to Carville, La., again. My dear, you simply must tell us about your trip and," she hesitated—"about leprosy." That did it. The guests sat bolt upright, all eyes riveted on attractive Lorraine Grienke, one of our Chicago friends who has twice visited this hospital. "Hansen's disease, please," corrected Lorraine as she began her story. If the hostess had deliberately planned her request to give the party the lift that the cocktails had not, then she had succeeded admirably, for everyone was listening intently.

But let Lorraine tell her own story. "One of the guests, a doctor from Canada who was doing some research work at our County Hospital, had, up to that time, practically ignored me. When he finally spoke to me, he opened up with, 'Leprosy has never been a problem in Canada, but several years ago we had an epidemic of it and traced it to a Chinese laundry.' Those last two words were all that I needed to make me let loose with a verbal barrage that would have compared favorably with a Kansas cyclone or a Texas twister. I quoted Dr. Faget, Dr. Johansen, Sister Catherine Sullivan, THE STAR, U.S. Public Health Service Reports, and told of my own experiences at Carville. Naturally, he tried to interrupt and insisted that his story was the absolute truth. I didn't give him a chance, but kept right on talking. Everyone was staring at us. I should have called his bluff by asking for the name and address of Canada's public health service, telling him that I would write and have his story verified. But at the moment I was too burned up."

Miss Loraine Greinke of the Traffic Engineering Department, Illinois Bell Telephone Co., shown when the chic Chicagoan called on Carville friends.

The Canadian doctor's Chinese laundry yarn has about as much truth in it as the spooks, witches and black cats of Halloween—just another ghost story. With variations, it has been going the rounds for several decades, and every now and then pops up again in some different section of the country. It is always reported, as the Canadian doctor insisted, as "the absolute truth."

George C. Southwell, Los Angeles, Western Regional Secretary of the American Missions, tells this story, "While Mrs. Southwell and I were traveling across the country, a traveling companion, hearing of our connection with the Mission, said, 'I once had a friend who knew a young man who contracted leprosy through a very common accident. He was out riding in an automobile with a friend. He had some tire trouble and while changing tires he scratched his hand. To tie up the cut his friend supplied a handkerchief which had been recently laundered in a Chinese laundry. The next day he contracted leprosy and was immediately sent away to an island.' I smiled at the story and, with apologies, replied, 'I am sorry to tell you I have heard that story and many others like it, and actually the incidents never occured.' In surprise she inquired, 'Why?' My answer was that scientifically it is impossible and leprosy is not contracted in that way."

Some years ago, THE STAR tired to trace one of these Chinese laundry stories. This one appeared in the Queen's County NEWS, New York—hold your hats, here we go again:

This tragedy is told as an absolute truth although few persons are supposed to know about it. It seems that a young Queen's County village schoolteacher cut her finger slightly about two months ago, and her boy friend bound

the wound with a clean handkerchief. Next day the finger was swollen and festered so the girl went to a doctor. He was horrified at the discovery he made, and when told about the handkerchief, asked the man to appear before him for examination. The examination proved the young man to be perfectly healthy and sound so he was asked where he had his laundry done. The doctor and two health department officials went to the Chinese laundry where it was discovered the proprietor had leprosy. The unfortunate girl now is confined to a leprosarium in California.

When THE STAR checked up on the Queen's County item, the Department of Health, City of New York, replied, "We have just received a report of an investigation made by us in the matter contained in your letter; namely, a suspected case of leprosy. We have been in contact with the supposed writer of the article in the Queen's County NEWS, but cannot get any definite information as to persons involved, or any authenticity as to facts. We certainly join with you in discouraging the publication of articles of this kind, for which there is no basis."

And so they go, on and on, these figments of the imagination—Cynthia Lowry in a recent column on rumor exposé (Columbus, Ohio, DISPATCH) said, "The next time I hear about how they've found a person with leprosy working in the factory that makes my cigarettes, I'm not going to believe a word of it." Right, Cynthia, that one's been kicking around since the days of Sir Walter Raleigh.

But it was during World War II that "leprosy spooks" really had a field day. Our files are full of them. One little gem almost tops them all—maybe you heard this spine-tingling story during the war or read it in a current newspaper series DISEASES OF SHAME by Alton L. Blakeslee, A. P. Science Editor. Mr. Blakeslee relates, "A pretty girl received a bracelet from her fiance serving in the Pacific islands. It was a lovely piece of native craftmanship. After a time she noticed some blotches on her skin. They didn't go away, even when she stopped wearing the bracelet. She went to her doctor. He examined her wrist, then spoke one ghastly word —'leprosy.' The bracelet had been made by a person with leprosy, and the girl got the disease from it."

"I heard that story twice, in two different cities," says Blakeslee. "Each time the story teller said he knew someone who knew the family. The story isn't true, of course. But it is interesting, for it combines most of the main false ideas and superstitions about leprosy. The ideas are thousands of years old. They date from Biblical times."

The sulfones have changed the treatment picture as never before in the history of mankind. The public is beginning to doubt its inherited notions about the disease and some day a really big educational job will banish forever the ancient leprosy spooks still haunting a modern world. This could and should come, in our generation. It may be "the hope that springs eternal" but things are definitely looking up.

Optimistically we opened the day's mail and, so help me, found, "Is it true that leprosy is transmitted by a sort of mist thrown off by those who have the disease and that the doctors don't know just when their skins throw off this mist, but they think it happens when the patient has a high fever, or get excited or very angry, and that is how others catch it? My son, who is a lawyer, has a friend who is a biologist and has lived in the Philippines. This friend told him etc., etc." No, lady, it is not true—you've been spooked—but excuse me please! I'm about to throw a mist—I mean a fit.

S. S.

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CARVILLE AMAZED TOKYO EDUCATOR

Mr. Ono, Mrs. Dayries and Mrs. Denham

Rentaro Ono, chief of the social study division of the Japanese Ministry of Education, a doctor of literature and former college professor, was amazed to learn that there are now drugs which have revolutionized the treatment of Hansen's disease. But he was even more amazed, or rather "upset," as he put it, to learn where he was when he visited this hospital on September 7.

Generally speaking, the Japanese people are inclined to "leprophobia." However, after Mr. Ono got over his first shock, learned some of the facts, and saw how freely other visitors moved around, he was impressed by what he saw and said, "This is all truly enlightening. I will tell about it when I get back to Japan."

Mr. Ono expects to be back in Japan by the end of October. He and four other educators, selected by the army department and the National Educational Association, are in the United States to see first hand what makes our public education system tick. While in Baton Rouge, Mr. Ono asked to see some of the interesting places in the vicinity. Mrs. Hattie Dayries, East Baton Rouge Parish School Health Nurse, and Mrs. Mae Lee Denham, retired public school teacher, took him on a tour which included Carville.

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TO SOME IS GIVEN (Continued from page 4)

sorrowful leave of my new-found friends at the hospital. I promised them I would one day return and last June I was able to fulfill that promise. I hardly knew the place. Material improvements had practically transformed the hospital. New drugs had literally made new men of the patients I once knew. Countless others had already been discharged as "arrested" cases and bandages, once so prevalent, are now rare. Best of all, news of the new treatment had spread thoughout the Island and many, previously hidden in their homes, are now swelling the waiting list for admission to the haven of hope. The leprosarium is fast becoming the best hospital in Jamaica, with the Sisters staffing the institution highly trained in their respective fields of pharmacy, bacteriology, nursing, etc. One, the Resident Doctor in Charge, is a Sister newly arrived in the Island, having obtained her medical degree in Paris.

I mentioned a "waiting list"! It is estimated that there are over 500 prospective patients for the leprosarium at present in Jamaica, and less than 200 beds to accomodate them. Can you imagine yourself having to wait until someone is discharged or dies to get a bed and the treatment so needed? Yet this Island is by years far ahead of other countries where the disease is so prevalent. It is here that I begin my work. As I said when beginning this article, "To some is given a Cross to bear . . . to others the duty this Cross to share." If as a result of my lecturing, my writing, my work to gain friends for the cause others will catch up the torch and unite, that relief and recreation be made available for my friends and like sufferers throughout the world, I shall consider my life well spent.

It is not a "duty" for me but a privilege. That of lightening the Cross of suffering for others. I find my inspiration in those whom I have helped. I hope to share that experience with many others, for the increased hope and happiness for the most grossly misunderstood people in the world today.

Word comes from Hawaii that, with 18 patients already there, work is in full swing at the Pearl City institution, the Territory's newest hospital for the treatment of Hansen's disease. This hospital is expected to take care of 80 patients, and patients will be moved into Pearl City as rapidly as facilities are prepared. Eventually the old Kalihi hospital, also in the city of Honolulu, will be abandoned. The new hospital was formerly the Navy's Waimano barracks. The Navy donated it to the Territory's Division of Hospitals and Settlement.

HORNBOSTEL STORY (Continued from page 3)

tion for Major Hornbostel if he continues to live with his wife." A ridiculous statement. The Major did not contract the disease, although he lived with his wife and associated with other patients here. He shows the results of his war experiences, yes, but the old boy, as we all know, is still in fighting trim.

As a matter of fact, Major Hornbostel was by no means the first person to take up permanent residence in the neighborhood in order to visit his wife daily. Through the years this has been done by scores of healthy mates whose husband or wife was a patient here. One such wife who visits her husband here has done so for 20 years. Despite the fact that this woman and others have been here for many years in daily intimate contact with the patients, no single case of infection has resulted.

But it was the high drama in the Hornbostel case which, fortunately for us, appealed to the public—he a survivor of the infamous Bataan Death March, she a former war internee. Just as the sulfones revolutionized the treatment of Hansen's disease, the Hornbostels have played a leading part in revolutionizing the public's attitude towards it. With public attention focused on them the Hornbostels, always resolutely forthright and frank to the point of bluntness, shattered the secrecy which heretofore the patient, once officially labeled, had tragically considered his greatest weapon of protection for himself and loved ones, but which in reality was our bitterest enemy, playing right into the hands of those who would maintain the status quo.

The Hornbostels joined us wholeheartedly in our crusade for radical changes. The medical discharge which Mrs. Hornbostel herself received would not have been possible a little more than one year and a half ago. Up to that time all patients were covered by blanket rules rather than being considered on an individual basis. And even though the state from which the patient came might have approved his return, if the patient did not have an arbitrary number of bacteriologically negative tests, he would not leave via the front gate as Mrs. Hornbostel and others have done since this policy went into effect, but would have had to crowl through a hole in the fence after dark like a criminal fugitive.

The medical discharge system, which Dr. Johansen, too, has long advocated, is one of the most progressive changes yet inaugurated by the U. S. Public Health Service concerning the management of Hansen's disease. We believe once this policy becomes generally known, scores of new patients will come to Carville voluntarily for treatment.

The Hornbostels, almost from the very day of their arrival "pitched in" and kept on "pitching." Mrs. Hornbostel read proof for THE STAR—and she also contributed articles, usually controversial ones, because she was not content with things as they are but always posed the question "whether they ought to be." As a member of our United Patients' Committee and President of local Lodge 86 AFPH, she was particularly active in promoting proposed national legislation on Hansen's disease. She was a member of the local unit American Legion Auxiliary. The Major joined our American Legion Post and Voiture Locale of the 40 & 8.

We know the Hornbostels will continue to "pitch." This has already been evidenced by their appearance, since their arrival in New York, on a nation wide hook-up over CBS on WE THE PEOPLE radio and television programs and over WMCA on a program called "Something Ought to Be Done About It." Dr. E. R. Kellersberger and Mr. Raymond Currier of the American Mission also appeared on the program.

The sun was just coming through the gates of day when I walked over to the Hornbostel cottage to say goodbye. We sat on a little bench waiting for the station wagon. Gertrude described the crimson and scarlet colors of the morning sky. She picked a flower from the vines which almost covered their little cottage. She said, "It looks like everytime we seem to be settled in a place, have flowers and have cultivated a nice garden, we move on." Switzerland, Guam, Saipan, Manila and homes in other faraway places must have flashed through her mind.

Auf Wiedersehen, Hornbostels, and this time may there be no moves for a long, long time. And may your life in your new home record many glowing chapters in the Hornbostel story.

S. S.

Note: We have had a number of requests for the mailing address of the Hornbostels. It is Major and Mrs. H. G. Hornbostel, 1928 Wilson Ave., North Bellmore, East Meadow, Hempstead, New York.

NOTICE

THE STAR's telephone number is Carville 1502. We can be reached Monday through Friday from 8:30 A.M. to 2:30 P.M. and Saturday until noon. After these hours and on Sunday we can be reached at Carville 1511.

AMERICAN LEGION ACTIVITIES

VOITURE LOCALE 902, 40&8 INSTALLS OFFICERS

Voyageurs Adams, Bond, Welch and Casserly

Our Voiture Locale 902, 40 & 8, was honored on the evening of Thursday, September 8, when Grand Chef de Gare, Howard T. Bond, New Orleans, came to Carville to install the 1949-50 officers of Voiture.

Accompanying the Grand Chef were Lloyd Adams, Grand Correspondent; E.B. Welch, Chairman Rehabilitation, Grand Voiture, La., and James C. Casserly, Chef de Chemin de Fere, Passe, all of New Orleans.

Grand Chef Bond obligated the following officers in a sincere and impressive manner: Chef de Gare M. Padilla, Chef de Train Bob Oberon, Correspondent T. Holsten, Amonier Manuel (Pancho) Vallejo.

Following the installation, held in the Club Lounge, the visitors and the local voyageurs enjoyed a convivial session in the Ball Room. Here Jim Casserly, an old friend of Carville vets, related some of his experiences in the early days of this hospital when he was a frequent caller and renewed his offer to continue his services.

Carville gatherings never seem complete without refreshments. The members of Crescent City Unit No. 125, American Legion Auxiliary, must have had an inkling of this, for they provided delicious ice cream and cake and plenty of it. For this treat a decided "thank you" goes to Mrs. Casserly, Mrs. Eleanor Ransom, Rehabilitation and Hospital Chairman, and Mrs. Jessie Gibson, Co-Chairman, Carville Hospital.

Before returning to New Orleans the visiting voyageurs took a good look, and a pleased one, at the printing equipment which Le Societe provided THE STAR printint plant.

The September issue of THE FORTY AND EIGHTER, official national publication of the Forty and Eight, carried a splendid article by Charles W. Ardery, Correspondent National, about his visit to this hospital. It reports on THE STAR and urges Voyageurs to send in subscriptions for themselves, libraries, hospitals and doctors. A subscription blank is attached and a number of these have been received, filled out and accompanied by the $1. We are keeping track of the returns and will report on the results at a later date.

THE STAR has been readopted by the national Forty and Eight as one of its projects. Our appreciation to Voyageurs for their continued support is deep and sincere.

★

AUXILIARY

We are indebted to Aline Stribbling, President of the local Unit, for this communication from Mrs. Norman E. Sheehe, newly elected National President of the American Legion Auxiliary. Many of us have had the pleasure of meeting Mrs. Sheehe and we extend hearty congratulations on her election to this high office.

"This is the end of a very important day for me—my election and installation as National President.

"The hour is very late. I'm not only tired but my mind is crowded with many thoughts, humility, gratefulness and yes, hopefulness.

"I'm thinking of each one of our nearly million members who will work so closely with me this year and because I have thought of you and your members so very much this year, my thoughts return to you again on the eve of this honored day.

"And so, to you and to your dear members goes this, my first letter to carry my new title but it does not signify a great distance between us—only a closer bond from one President to another!

"I shall think of your group often and rest assured I shall come to you in person, too, this year."

Marie L. Sheehe
National President
American Legion Auxiliary

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AROUND THE CORNER

THOMAS H. RICKMAN, JR.
DIRECTOR, COMMUNITY ACTIVITIES

At a recent meeting, attended by representatives of various patient organizations, plans were launched and schedules arranged for a series of fall and winter social activities involving parties and celebrations.

Halloween, Armistice Day, Thanksgiving and Christmas were the major occasions under consideration. The following schedule evolved:

Oct. 31—Halloween Day sponsored by Patients' Federation.

Nov. 11—Armistice Day Golf Tournament Finals and Dance sponsored by the American Legion.

Nov. 24—Thanksgiving Party sponsored by Legion Auxiliary.

Dec. 18—Community Christmas Party sponsored by THE STAR.

Dec. 21—Christmas Party for Legion and Legion Auxiliary.

Dec. 23—Christmas Party for Jolly Social Club sponsored by Sigma Delta Epsilon Sorority.

Dec. 24—Christmas Play.

The Question Mark, tentative name of the newborn hospital local paper, made its initial appearance on the walks on Friday, October 14th. This weekly mimeographed news sheet is designed for local consumption and will report current affairs primarily the concern of our community. Schedule of movies, meetings, stage entertainment, athletic events and operating hours of Library, Lounge, Canteen, etc., will be published. In addition, any news of local interest to patients and staff will be included.

Miss Ruth, teaching in our elementary school, and another patient teaching in the high school, are doing an excellent job under certain handicaps, which will dissolve with time. In our search for one full-time outside teacher to relieve both patients of some of the present teaching load, contacts have been made with L. S. U., Tulane, Teachers College, Columbia University, State Supt. of Schools (La.), the Board of Education in Baton Rouge and other groups. While more than a dozen applicants have been interviewed, we have not yet made a decision and can not do so until certain additional interviews are conducted.

"La Petite Salon" was chosen as the winner in a contest to name the newly opened Beauty Parlor. The winning name was submitted by Mary Ruth Broussard. The prize was our best permanent wave. Oddly enough, Mary Ruth has lovely natural wavy hair, so has elected to accept manicures and shampoos in the amount set aside for the permanent wave.

BEAUTY IS ONLY SKIN DEEP—"Let's get started on the facials," says Ann, while waiting for Ethel to finish giving Alice a manicure in the newly opened La Petite Salon. Mrs. Ruth Salathe, New Orleans, state board of cosmetic therapy, promoted the idea of the Salon. Manufacturers of beauty equipment contributed the modern furnishings and supplies. Three young women patients act as beauticians while continuing to study cosmetic therapy.

BENEFIT CONCERTS

Music, light opera and symphonic, brought delightful entertainment to large audiences in Mexico City and Manila recently. It also served as a benefit for patients with Hansen's disease in those countries.

In May, the Mexico City Players gave 4 performances of Gilbert and Sullivan's "The Mikado" at the Latin Theatre. Sharing in the proceeds was the Asociacion Mexicana de Acción Contra la Lepra, a private group which has established two homes for healthy children of patients.

Earlier in the year, at the suggestion of President Quirino, a benefit concert under the baton of Federico Elizalde was held at the Avenue Theatre in Manila. Proceeds of this affair went into a fund to help discharged patients get a fresh start in life.

Further Facts

Despite the fact that among the many leprosaria scattered throughout the world thousands of well workers, religious and lay have been in daily association with the patients, the incidence of infection is very small. In some of these cases reasonable doubt existed as to whether the individual acquired the infection in the leprosarium. This is especially true when the infected person is a native of a section of the country where the disease occurs frequently or when the disease is known to have existed in the family. During its 54 years of existence, hundreds of persons from neighboring communities have been employed at the Carville hospital as plumbers, painters, cafeteria help, clerical workers, laboratory technicians, etc., with but one possible exception (a native of this endemic section) not a single member of the personnel has contracted the disease. This is a remarkable record, considering that this hospital is located almost within the heart of the most endemic section of the most endemic state in the Union and one would expect more cases to develop by sheer coincidence. What tuberculosis sanatorium can point to such a record?

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In the much publicized case of Father Damien his biographers assert that "The good father never took any precautions against infection but lived continuously under unhygienic conditions." His successor, Brother Joseph Dutton, worked in daily intimate contact with patients for over 40 years without contracting the disease.

* * * *

In 1874 G. Armauer Hansen, a Norwegian physician, announced his discovery of the germ which causes the disease. In appearance and size it closely resembles the germ which causes tuberculosis, the tubercle bacillus. In single organisms it is impossible for the "Laboratory" to distinguish between the two germs.

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Hansen's is not included in the list of quarantinable diseases in New York and Massachusetts and patients in those States are subject to "NO RESTRICTIONS." (2 down, 46 to go.)

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A man or woman may remain in perfect physical health for years after contracting Hansen's disease. Half the patients now at Carville could sit unnoted in any social gathering.

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The condition which should be officially known as Hansen's disease or by some other scientifically accurate and descriptive name is called "leprosy" because of an erroneous translation of the Bible. The Greek word "lepra" had been used in the writings attributed to Hippocrates to refer to a vague group of scaly conditions of the skin regarded as having no serious importance. The translators of the Hebrew Testament into Alexandrian Greek (the Septuagint) at about 100 B.C. used the word lepra in their effort to find a Greek equivalent for "Zaraath." The writers of the New Testament followed the example of the Greek Septuagint. The confusion between the Biblical and modern use of the word "leprosy" is a cause of suffering to thousands of people throughout the world.

Even a superficial reading of the thirteenth chapter of Leviticus is sufficient to convince any physician that the six or seven conditions which are defined under the Hebrew word "Zaraath" had nothing in common with what is called "leprosy" today. The repeated expression throughout the Old Testament, leprous as snow, may be applied to vitiligo or to psoriasis but could never by any acrobatics of the imagination be applied toinfection with Hansen's bacillus.

The most characteristic features of infection with Hansen's bacillus (such as nerve involvement with loss of sensation in the extremities) are nowhere mentioned. The description of leprosy of garments and leprosy of houses should be conclusive proof that "Zaraath" is not the name of a disease and certainly not of the disease that we call leprosy.

The clue to the significance of this condition among the ancient Hebrews is to be found in the numerous cases in which leprosy is described as being an affliction which is the result of Divine displeasure (as in the case of Miriam) or as being a sign of Divine power (as in the case of Moses) or of being miraculously cured by bathing in the Jordan (as in the case of Naaman).

The word leprosy quite obviously was applied not to a disease of the skin but to a mark or blemish which rendered the person ritualistically unclean.

One important feature of leprosy as described in the New Testament confirms the view that it was thought of essentially as a mark of taboo. Other diseases in the New Testament are described as being "healed" or "cured." Leprosy, however, is described as being "cleansed."

When this simple, and we believe, true explanation of Biblical leprosy is understood and accepted, a great step will be taken toward the elimination of the irrational leprophobia of today.

Dr. F. C. Lendrum, Assistant Professor of Medicine, University of Illinois, College of Medicine, Chicago; Dr. Everest L. McEwen, Rush Medical College, Chicago; The Jewish Encylopedia, Vol. VIII; and other authoritative sources.

EDUCATION OF THE GENERAL PUBLIC

It is necessary for the educational campaign to get the help of different organizations which influence public opinion, such as: professional, civic, religious and missionary organizations, press associations, organizations of authors, the radio broadcasting and moving picture industries, etc.

The essential points to bring out are:

a) Avoid the use of the word 'leper' and other undesirable terms.

b) Correct the present error of public opinion that leprosy is a Biblical scourge and that the patient is cursed. This error brings stigma and injury to mankind, makes the patient conceal his disease and prevents him from seeking medical assistance and increases the danger to the public.

c) We deprecate all arguments in newspapers, magazines, novels, movies, etc., and all situations in which leprosy and the patient are dramatized, and which do not correspond to human knowledge.

—5th International Leprosy Congress,
Havana, Cuba, April 1948